

## STATEMENT OF CHILD'S ASSETS AND INCOME

This questionnaire is used to determine your child's financial eligibility for Wisconsin Medicaid through the Katie Beckett Program. The questions apply only to income and assets that **belong to the child** and which may be managed by parent(s) on behalf of the child. **Income and assets of parents are not considered for purposes of determining eligibility.**

Child's Name - Last	First	MI

1. Does your child have **ASSETS**?

- ☐ No  
☐ Yes

If Yes, check source below and write in amount.

Amount

- |  |       |
|--|-------|
| <input type="checkbox"/> cash on hand  | _____ |
| <input type="checkbox"/> certificates of deposit *                                     | _____ |
| <input type="checkbox"/> checking account  | _____ |
| <input type="checkbox"/> life insurance (current cash value, not death benefit)        | _____ |
| <input type="checkbox"/> savings account *   | _____ |
| <input type="checkbox"/> section 529 educational account                               | _____ |
| <input type="checkbox"/> EDVEST  | _____ |
| <input type="checkbox"/> other**   | _____ |
| <input type="checkbox"/> sole or joint ownership of property (land, vehicle, building) | _____ |
| <input type="checkbox"/> stocks, bonds, mutual funds *                                 | _____ |
| <input type="checkbox"/> trust fund or legal settlement **                             | _____ |
| <input type="checkbox"/> other - _____   | _____ |

\* Includes assets from Uniform Gift to Minors Act OR Uniform Transfer to Minors Act.

\*\* If checked, a copy of this document must be attached to original KBP application or upon any change in terms or conditions.

2. Does your child have personal **monthly** (or other) earned or unearned **INCOME**?

- ☐ No  
☐ Yes

If Yes, check source below and write in amount.

Amount

- |  |       |
|--|-------|
| <input type="checkbox"/> child support payment (amount on tax return/12/# of children) | _____ |
| <input type="checkbox"/> dividend or interest payments                                 | _____ |
| <input type="checkbox"/> rent payments received  | _____ |
| <input type="checkbox"/> Social Security payment from parent or own employment         | _____ |
| <input type="checkbox"/> Supplemental Security Income (SSI) check                      | _____ |
| <input type="checkbox"/> trust or custodial account distributions                      | _____ |
| <input type="checkbox"/> wages   | _____ |
| <input type="checkbox"/> other - _____   | _____ |

3. In the past 36 months, has your child or you as parent(s)/legal guardian of finances, sold, traded, transferred or given away property, stocks, bonds, cash, or any type of asset or income listed above that previously belonged to this child?

- ☐ No ☐ Yes—If Yes, please describe each type, its fair market value, date it was divested, and amount secured on that date.

I CERTIFY that the information on this Assets and Income form and given in connection with it is a true and complete statement of facts according to my best knowledge and belief. I also understand that I may be asked to provide proof of any information given on this form and that giving false information may subject me to prosecution for fraud. I understand that if the above information changes, I am required to notify the Katie Beckett Program of these changes. I further understand that the agency may contact other persons or organizations to obtain the necessary proof of eligibility.

☐ Check here if child is  
unable to sign

\_\_\_\_\_  
**SIGNATURE** - Child (if individual is 14 to 18 years of age)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**SIGNATURE** - Parent or Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date Signed

I have observed and verified each item I initialed above.

\_\_\_\_\_  
**SIGNATURE** - Katie Beckett Consultant

\_\_\_\_\_  
Date Signed